2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am **DOCUMENT # J41319** Secretary of State 1. Entity Name DAPIX, INC. 05-11-2001 90085 045 ***150.00 Principal Place of Business Mailing Address 11382 PROSPERITY FARMS RD 11382 PROSPERITY FARMS RD STE 230 **STE 230** WEST PALM BEACH FL 33410 WEST PALM BEACH FL 33410 US 2. Principal Place of Business 3. Mailing Address 1851 W. Indiantown Rd 1851 W. Indigntown Rd Suite, Apt. #, etc. Sujte, Apt. #, etc. DO NOT WRITE IN THIS SPACE suite. 4. FEI Number Applied For 59-2726743 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENJAMIN, DAVID Street Address (P.O. Box Number is Not Acceptable) 5656 CORPORATE WAY W PALM BCH FL 33407 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete TITLE TITLE BENJAMIN, DAVID NAME NAME 1851 W. Indiantown Rd. Ste 104 5601 CORPORATE WAY SUITE 320 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP DVT. TITLE ☐ Delete TITLE PAXTON, PIXI NAMÉ NAME 1851 W. Indiantown Rd. Ste 104 5601 CORPORATE WAY, SUITE 320 STREET ADDRESS STREET ADDRESS Jupiter, FL 33458 CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 1851 W. Indiantown Rd. Ste 104 TITLE LAFFERTY, PERRI NAME NAME 5601 CORPORATE WAY, SUITE 320 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ES OR DIRECTOR